Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

1												
	•	CLAIMS		S FILED - PART I				SMALL ENTITY			OTHE	R THAN
I	TOTAL CLAIM		(Column 1)		(Column 2)		TYPE		OF		ENTITY	
-	·		21	<u>     </u>				RATE	FEE		RATE	FEE
	FOR	· · · · · · · · · · · · · · · · · · ·		NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 385.0	OF	BASIC FE	F 770.0
	TOTAL CHARGI				• 3		XS 9=		OF	XS18=	54	
INDEPENDENT CLAIMS			<del>`</del> _	<u> </u>				X43=		OF	X86=	/
Ľ	IULTIPLE DEPE	ENDENT CLAIM	PRESENT	RESENT		X		+145=		OR		291
•	* If the difference in column 1 is less than zero, enter "0" in colu							TOTAL		OR		11116
٠		CLAIMS AS	D - PAR1	PART II			•	<u> </u>		•	THAN	
_		(Column 1)		(Colum	n 2)	(Column 3)		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
N T N	.	CLAIMS		HIGHE	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	1 455
		REMAINING AFTER		NUMB PREVIO								ADDI- TIONA
	·	AMENDMENT		PAID F	OR					1		FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<del></del>	<del> </del>	100		
								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	. TOTAL	
(Column 1)									<u> </u>	10	ADDIT. FEE	-
	7	(Column 1)	T	(Columi		(Column 3)	_					
AMENDMENT B		REMAINING		HIGHE	ER JSLY	PRESENT		RATE	ADDI-	]	RATE	ADDI-
		AFTER		PREVIOU		EXTRA			TIONAL			TIONAL
		AMENDMENT		PAID F					FEE	l I		FEE
	Total	•	Minus			=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	F	X43= ·	· · ·	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											<del>-                                    </del>
							L	+145=		OR	+290=	
							Ā	TOTAL DIT. FEE	•	OR.	TOTAL ADDIT, FEE	£
		(Column 1)		(Column	· 21	(Column 3)	:					•
	\	CLAIMS		HIGHES		(Column 3)			٠.	•		
2		REMAINING		NUMBE	R SLY	PRESENT			ADDI-			ADDI-
2		AFTER		PREVIOUS		EXTRA	1	RATE T	TIONAL		RATE	TIONAL
뿔		AMENDMENT .		PAID FO	R				FEE			FEE
AMENDMENT	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** .		= .		X43=		_	X86=	:
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_			OR	<b>∧00</b> =	
	If the activity asking the language of the same of the								·	OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE												
	i une "Hilgmest Nun	nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is le	es than	3 enter *3 *		OIT. FEE		) A	DOIT. FEEL	
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